

Developmental Disabilities Advisory Council

A Review of Developmental Disabilities Issues in Arizona

July 9, 2013

While a safety net is an excellent strategy for temporary assistance for the unemployed, the indigent, and individuals in temporary crisis, a safety net approach does not foster the supports necessary for individuals with developmental disabilities. The supports needed for individuals with developmental disabilities require a life-long focus and commitment.

Low rates result in low wages. Low wages result in low quality of direct care staff members and high turnover rates. Specialized training in personal care and behavior management is critical to individual successes for those who have developmental disabilities. An inability to attract higher qualified workers and the issue of high turnover has neglected and increased exposure to an already vulnerable population. According to the state industry Association, the average wage for a direct care professional supporting individuals with developmental disabilities is \$8.00-\$8.50 per hour. As detailed in the Bureau of Labor Statistics May 2012, the mean wage of a fast food worker in Arizona is \$9.00. A system that pays direct care professionals 10% lower than non-skilled fast food workers fails to value individuals providing direct support.

While Arizona is considered the best in the nation in terms of community-based service opportunities, we are one of the very few states that have devalued direct care professionals to a minimum wage entry level position with no opportunity for career advancement.

Failure to adequately support a system that ensures the ability to attract and hire even reasonably qualified staff members, sends the message that inmates and fast food workers are more valued in Arizona than individuals with developmental disabilities and the people who provide direct care services for them.

Lack of funding not only has reduced the quality and availability of direct care staff members, it has also led to gross deterioration of group homes, vans, and activity centers. Some examples include reduction and/or elimination of family visits, outings, pest control, family-style dining, vehicle maintenance, home repair, furniture replacement, cable, internet, program supplies, personal hygiene items, entertainment, carpet cleaning, etc.

The quality of food for meals is at an all-time low. The Room and Board rates for residential providers were inadequately funded in the original published rate model. Subsequent to the development of the published rate model, Room and Board rates have been cut 10% and no

inflationary factors have been added. Presently the Room and Board rates for feeding people with developmental disabilities are set at \$4.00 per day. All can agree, this rate is atrocious.

Individuals with developmental disabilities in the State of Arizona are not afforded the level of health and dental care as the inmates in our correctional institutions. Arizona's own Department of Correction website boasts the superior dental services provided to inmates throughout their incarceration (As retrieved on May 15, 2013 from www.azcorrections.gov/adcd/divisions/health/health_dental.aspx).

In fact, individuals with developmental disabilities in the State of Arizona receive no dental care which has resulted in an alarming number of individuals losing their teeth and contracting a myriad of serious medical conditions directly attributed to poor dental care. Perhaps the greatest issue associated with the lack of dental care in individuals with developmental disabilities involves the severe pain that these individuals endure as their teeth deteriorate. In a growing number of cases, this severe pain becomes the catalyst for aggressive and destructive behaviors.

Over a period of time, the rot from the teeth keeps getting deposited into the mouth, and in most cases it is swallowed along with saliva. The poisonous element from the teeth mixes in the digestive system and the blood. Oral Bacteria is a serious risk factor for cardiovascular disease. Untreated gum disease raises blood sugar levels in individuals with diabetes. Rheumatoid arthritis, blood poisoning, severe weakness, palette reduction, inability to eat properly, and gum disease are also prevalent in Arizona's developmental disability population as a result of the lack of dental care.

While people with developmental disabilities in Arizona are offered many community-based supports that encourage a least restrictive environment, the lack of funding for diapers and incontinence supplies pressures families toward group home and nursing home placement because they cannot shoulder this cost throughout the life of an individual. Such restrictions create a fallacy that people with developmental disabilities really have a choice to remain in their own or family homes. The lack of supports for incontinence supplies in individuals with developmental disabilities that live in their own homes or in family homes has led to growing instances of skin break down, ulcerations, pressure sores, and poor perineal care.

Dental care and diapers must be included in Arizona's service delivery system. These are essential to basic health, safety, and basic quality of life.

Another area of concern for individuals, families, and providers is with DDD Support Coordination. The entry level wage and requirements for this position are inadequate and contribute to the same turnover and poor quality conditions as found in direct care professionals in the provider community.

Arizona service system for people with developmental disabilities must adequately address the needs of individuals residing in rural and remote areas of Arizona. Current rates fail to recognize the costs associated with low capacity, minimal resources, and logistics associated with serving people who reside in remote locations. Existing services and rates fail to adequately support individuals residing 60+ miles from the nearest paved road. In order to accomplish this, the service delivery system must be incentivized to ensure that all services are offered in all parts of Arizona.

It is the Developmental Disabilities Advisory Council's position that services to individuals with developmental disabilities require a life-long focus and commitment. While a safety-net approach for Arizonans in temporary crisis may be a viable solution, a safety-net approach does not address the needs for this vulnerable population.

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Dr. Latham,

Attached please find **A Review of Developmental Disabilities Issues in Arizona** report from the Developmental Disabilities Advisory Council. ARS 36-553 directs the council to review and make recommendations to the Division of Developmental Disabilities regarding health, safety, welfare, policy, need assessment, and legal rights of persons with developmental disabilities. We respectfully submit this document for your consideration. This will precede the annual report of activities required by Subsection L.

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